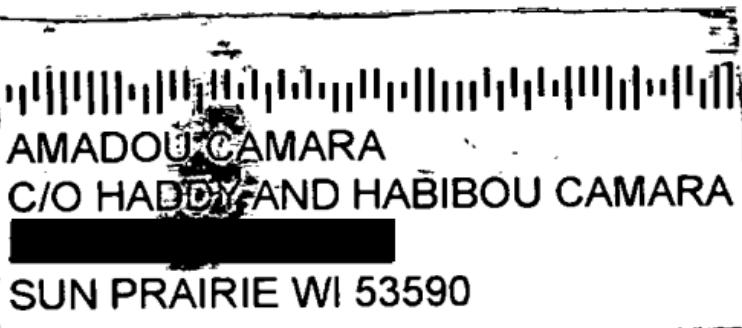


- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



2. Article Number

(Transfer from service lab)

7010 2780 0003 5482 17044

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE

WI 53702

11 MAR '16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

11 MAR '16

- Sender: Please print your name, address, and ZIP+4® in this box•



United States District Court
120 N. Henry Street, Room 320
Madison, WI 53703

15-CR-54 WMC 2

